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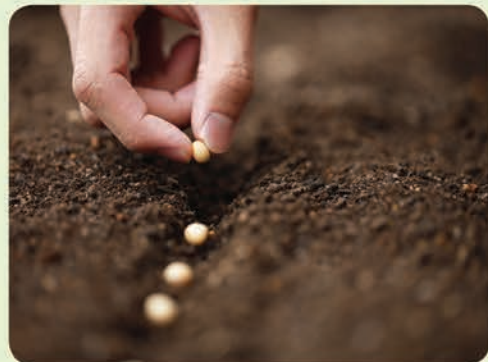
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—Kerry Bone, co-founder of MediHerb



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PHOTO CREDITS: ADOBE STOCK

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Editor's Pick

The cost of noncompliance is greater than you think

The statistics paint a disquieting picture. In the October 2016 Office of Inspector General (OIG) report, it was estimated that 82 percent of payments made in 2013 to doctors of chiropractic were "unallowable" or noncompliant with CMS rules in one way or another.

The amount of overpayments to DCs was estimated to be approximately \$360 million.

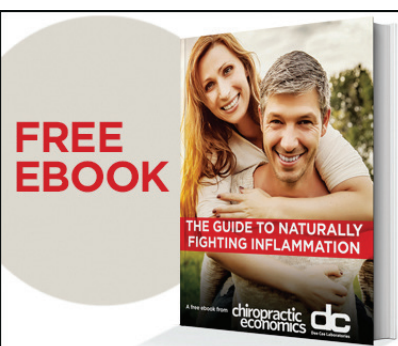
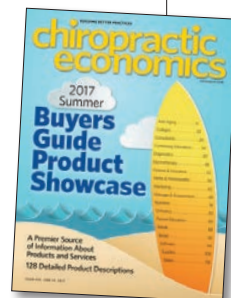
And almost every day in the news you can find reports of a chiropractor arrested for some type of fraud or abuse of third-party payers. In Florida this year, for example, a DC was sentenced to almost 15 years in prison resulting from a scam he and several others had arranged to defraud car insurance companies.

ChiroEco.com/chiropractic-noncompliance



Missed the Last Issue? 2017 Summer Product Showcase Buyers Guide

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All hands on deck

YOU DON'T SEE A LOT OF EMERGENCIES IN THE REALM OF CHIROPRACTIC. THIS IS, AFTER ALL, A CONSERVATIVE modality with a superb track record for safety. If you're ever questioned about this, just point to the median price of chiropractic insurance, which is about \$500. A dentist can expect to pay five times that amount.

A DC can, however, expect close scrutiny on claims submitted to third-party payers and the Centers for Medicare and Medicaid Services. A notice of audit can certainly turn into a crisis if you aren't prepared in advance.



Let me know what's on your mind:
904-567-1539
dsosnoski@chiroeco.com

A different type of emergency recently emerged in Texas, which we have been covering closely. The Texas Medical Association (TMA) got frighteningly close to curtailing the scope of practice for Texas chiropractors. Fortunately, Texas Governor Greg Abbott signed Senate Bill 304, into law, which continues the Texas Board of Chiropractic Examiners and upholds the right of licensed chiropractors in Texas to diagnose patients.

Had the TMA succeeded in their effort, other state medical associations were prepared to follow suit. To everyone who contributed to the fight, we salute your efforts.

Another type of emergency can occur when a chiropractic practice gets into business trouble. The Department of Health and Human Services reports on student loan defaults, and chiropractors generally top the list.

Traditionally, about 35 percent of new graduates launch a solo practice, and the remainder find an alternative working arrangement. The challenge is to grapple with student debt that can easily be in the six figures.

A relatively new model for new and experienced DCs alike is the franchise route. In this issue of *Chiropractic Economics*, we'll show you how one DC pursued that path to success.

Even established chiropractors can get into trouble, and our experts in this issue stress the importance of early detection. Study your practice statistics and metrics so that small problems don't become large ones.

To your success,

Daniel Sosnoski, editor-in-chief

chiropractic economics

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THE CHIROPRACTIC PULSE

Chiropractic wins big in Texas legislative session

Due to many in the medical profession recognizing the value of chiropractic integration and collaboration with mainstream healthcare, in the state of Texas those representing the state medical association have sought to virtually eliminate the profession, viewing chiropractic as unwelcome competition for healthcare dollars.

Thankfully this effort was defeated, and the next Sunset Commission review of the TBCE won't be until 2029. Losing this battle would have left the profession hamstrung for a generation. But the battle is not over yet. While chiropractors' right to diagnose is preserved and clarified in the law, there is still a civil suit underway challenging this right, filed by the Texas Medical Association.



To read more, visit ChiroEco.com/texaslegislative

Source: William Morgan, DC, parker.edu



American Chiropractic Association partners with Spine IQ

The American Chiropractic Association (ACA) announced today that it is partnering with the Spine Institute for Quality (Spine IQ) to encourage doctors of chiropractic to participate in the Spine IQ Conservative Spine Care Registry. Spine IQ, an independent not-for-profit organization, pursues a mission to define quality, demonstrate value, and build trust through the use of clinical data registries for spine-related disorders.

"Spine IQ's registry initiative is a visionary undertaking. The goal is to gather useful data to significantly benefit participating DCs and the consumer public. ACA believes that the registry will move spinal care forward. We are excited to partner with Spine IQ," said ACA President David Herd, DC. ACA will assist in publicizing the mission and work of Spine IQ and encourages DCs to participate.



To read more, visit ChiroEco.com/spineIQ

Source: American Chiropractic Association, spineIQ.com



New On Purpose app for iOS and Android phones

On Purpose is excited to launch its new mobile app offering clients a vast array of new features including: key term search, push notifications for new releases, and tracking of audio listening history.

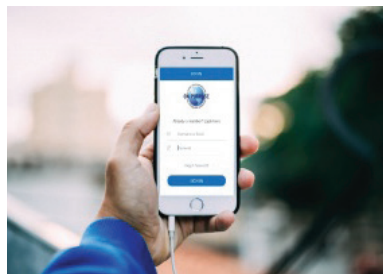
On Purpose partnered with business and technology consulting firm My Cloud Success, led by Debra Cassera, to design, create, and launch the mobile app. "This brings On Purpose to a new level. Subscribers can listen anywhere, anytime. The search feature lets listeners find content by topic," said On Purpose co-founder Christopher Kent, DC.

"It was so exciting to work on the development of the app and bring the wit, brilliance, and thought-provoking conversations of On Purpose right to your mobile phone. I personally feel very fortunate to have been introduced to chiropractic over 15 years ago by both Drs. Kent and Patrick Gentempo. On Purpose still remains a key resource that keeps me committed and passionate about this powerful profession," Cassera said about working with On Purpose and developing the app.



To read more, visit ChiroEco.com/onpurpose

Source: On Purpose LLC, chiroonpurpose.com



BY THE NUMBERS



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40

The percentage of people who will suffer from arthritis during their lifetime.

Source: medlineplus.gov



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35 million

The number of Americans who are affected by seasonal allergies.

Source: medlineplus.gov



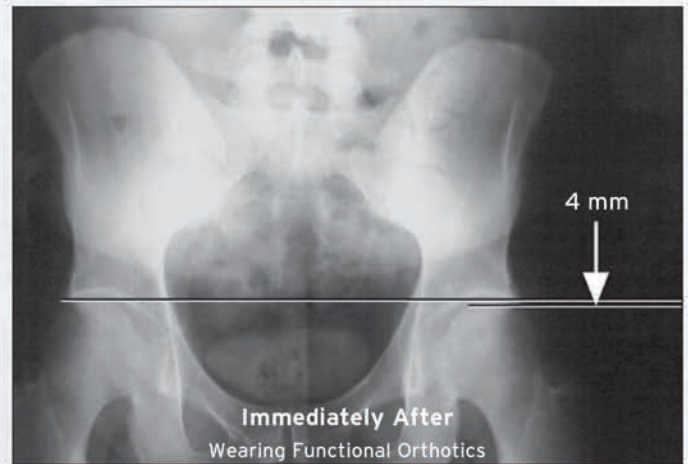
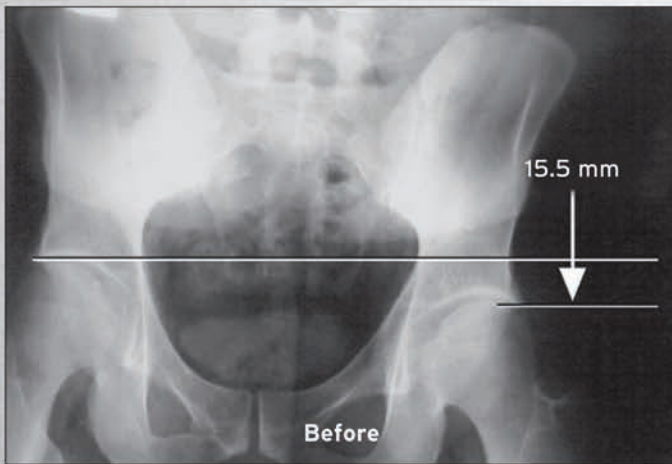
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4 million

The number of deaths caused by obesity in 2015.

Source: HealthDay News

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X-rays courtesy of Terry R. Yochum, DC, DACBR, FACCR

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THE LEARNING CURVE



National University of Health Sciences partners with University of Western States to expand continuing education offerings

National University of Health Sciences (NUHS) and the University of Western States (UWS) have agreed to combine resources to expand continuing education (CE) opportunities for healthcare providers.

The new agreement will allow each university to serve a larger pool of practitioners and students in a more efficient manner. Both universities will develop a shared calendar of programs that will include online courses along with new live and prerecorded webinars. National University will provide CE licensing for all coursework. "Participants will benefit from the combined programs of both campuses as well as

the additional online course offerings," said Jenna Glenn, DC, dean of the NUHS Lincoln College of Postgraduate and Continuing Education.



To read more, visit ChiroEco.com/nuhsce

Source: National University of Health Sciences, nuhs.edu

Life University appoints Guy Riekeman, DC, as chancellor and Rob Scott, DC, as president

Life University has named Guy Riekeman, DC, as chancellor of Life University, and has announced the appointment of Rob Scott, DC, as the fifth president of Life University, both appointments effective immediately. This change of organizational structure marks the next phase of LIFE's 20/20 strategic plan, which began in 2006 and has consisted of growing the University's degree programs, enhancing campus culture, and transforming LIFE's working environment into an atmosphere of service.

In the next few years, Life University plans to significantly grow enrollment, build new student housing, continue to expand its educational degrees and clinic experiences, and break ground on a European campus in Rome, Italy, among many other ongoing and yet-to-be announced special initiatives. These organizational changes are designed to allow Chancellor Riekeman to continue to play an integral role at LIFE by focusing on the 20/20 vision, while allowing President Scott to oversee the day-to-day operations of the university.



To read more, visit ChiroEco.com/lifeuniversity

Source: Life University, life.edu



New York Chiropractic College appoints new senior leaders

Michael A. Mestan, NYCC executive vice president and provost, announced the appointment of two new senior administrators. The retirement of Frank J. Nicchi, DC, MS ('78) as college president and the subsequent appointment of Michael A. Mestan, DC, EdD, as new president, coupled with the retirement of Dave Odiorne, MS, DC, vice president for institutional advancement, presented a challenge to the college. "We are fortunate to have identified two exceptional individuals who will join our leadership team in support of our continuing pursuit of excellence," Mestan said.

Anne E. Killen, DM, has accepted appointment as vice president of academic affairs, effective September 1, 2017, succeeding Mestan. She presently serves as associate vice president, Center for Professional Studies, at Keuka College in Keuka Park, New

York, and holds a faculty appointment there. 



To read more, visit ChiroEco.com/chirocollege

Source: New York Chiropractic College, nycc.edu

WHAT'S HAPPENING IN HEALTH?

Chronic pain common in adults with depression, anxiety

Chronic pain afflicts about half of adults who have anxiety or depression, a new study finds. More than 5,000 adults in Brazil diagnosed with anxiety or mood disorders such as depression and bipolar disorder were asked about other health problems.

Among those with a mood disorder, half reported chronic pain, 33 percent respiratory diseases, 10 percent heart disease, 9 percent arthritis, and 7 percent diabetes.

Among those with anxiety, 45 percent reported chronic pain, 30 percent respiratory diseases, and 11 percent for arthritis and heart disease, respectively.



To read more, visit ChiroEco.com/chronicpain

Source: HealthDay News, consumer.healthday.com



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From struggle to success

BY CHIROPRACTIC ECONOMICS STAFF

THE THEME OF THIS ISSUE IS "PRACTICE RESCUE," SO WE went in search of a chiropractor who overcame struggling in practice by finding a route to success. Meet Barrett Terry, DC. Like many who enter this field, he was drawn in as a result of a positive experience with chiropractic care.

When I was younger, Terry says, "I used to have problems with migraine headaches. When I was playing high school football I'd get triggered headaches from putting the helmet on. They told me I couldn't play seventh grade football."

But his mother had been a chiropractic patient her whole life, so she took him in to see her DC, and after three or four adjustments, Terry's migraines disappeared; he was able to play football again.

Later, playing baseball, he had a problem with his shoulder and had another positive experience with the same DC. "At Texas A&M, where I was an undergrad and an equipment manager," Terry says, "I saw a chiropractor working with the athletes and saw him doing great work and I could see different athletes with various problems were responding well to treatment." He was beginning to envision a career in chiropractic.

Associate jail

Originally a business major, after Terry graduated A&M he needed more prerequisites like biology and organic chemistry to get into a chiropractic program. "Then I went to Texas Chiropractic College in Houston and graduated in August 2011."

He went back to his home in Marlin, Texas, he but didn't find part-time or full-time work because

the community was so small. He shadowed a few DCs part-time but couldn't find a good opportunity, which is why he moved back to Houston in 2012 and joined a chiropractic franchise there. It was a solid learning experience as a new doctor, and he got to do PI cases in an insurance-based practice.

"In Houston I was working as an associate from 2012 until 2014—about two years," Terry says. "When I first went to work, the agreement was for a lower salary, but every three months I would be due a salary increase." This practice looked promising, and after three months he got the agreed-upon raise. But the next time around he got pushback from the owner.

"We were seeing 15 patients a day, and by the time I left we were seeing 45. I knew we were making money, and knew the owner could afford raising my salary," Terry says. He felt as if he wasn't making what he deserved, but still, he didn't want to turn his back on his patients so he stayed with the practice for another two years.

Between chiropractic school debt and renting his own apartment, Terry was still struggling. This is common with DCs new out of school. He'd found himself in what is known as "associate jail." He wasn't getting paid what he had been promised, and after two years he should have been making several thousand more per month than he was. His employer wasn't honoring his contract.

Light on the horizon

Despite his misgivings, Terry was continuing to develop his skills. But then his employer hired another associate, and shortly thereafter let Terry

go. "I was shocked and hurt because of all the time, commitment, and passion I had put into to growing her practice," he says. "Of course I was a little down, and for a month or two, I was in a dark place."

He eventually found an individual who was a Joint franchise owner and met with him several times.

"Because of my previous unhappy experience, we met at least five times because I wanted to be sure this wasn't going to be another bad spot," Terry says. "But he explained the Joint model to me and the way the opportunities were established, and so I went to work for him."

Somewhere along the line, the owner said, "If you grow this patient base, I'll arrange for you to run your own clinic." And after about five or six months, the clinic began to take off.

Sure enough, his employer kept his word, and after eight months Terry was made clinic director, not the owner, but he was in charge of the day-to-day operations. "As an associate, I was just thinking of base salary, but when I became a clinic director, I found that I'd have more bonus opportunities, and incentives to succeed," Terry says.

The packages and membership model make it easy for the patients, Terry found, but there's also attrition. "That's where you have to go back and show them the value of maintenance chiropractic care. That's how the Joint got started, as a provider of maintenance care," Terry says.

That was his biggest challenge: Helping patients see that they should continue care and keep moving forward. "There were some rough patches, but I got better and better at it. That's when we really started taking



off,” Terry says.

It got to be where he was seeing 60 to 70 patients a day—he had to hire another doctor, and then another: “We were putting out ads, and I wanted to help the owner recruit new doctors. I had my reservations at first, about the Joint, but it turned out be one of my biggest blessings.” When he first came to the Joint, he was hesitant because he wondered at first if the Joint was devaluing chiropractic care.

“But the more I worked for them, the more I saw that it’s expanding the market for chiropractic. When I got out of school, 6 to 8 percent of people were seeing a DC, but now it seems like it’s almost double that number, and I think the Joint has played a role in that.”

A major opportunity

The owner, for his part, wasn’t a DC but an entrepreneur, as is common in this industry (about 20 percent of the Joint franchises are DC-owned). When Terry first came to talk with him before being hired, he asked about future potential, and if becoming an owner was a possibility.

“He said that if I helped him grow his business, he’d be willing to help me—either being an owner, or co-signing on a loan with me.” And after two years of working at the Joint, he asked Terry if he wanted to buy a clinic.

“He kept his word and gave me first choice. It was a big decision for my wife and me. You don’t often take on a big investment like this,”

Terry recalls. But he knew the model, having worked as both an associate and as a clinic director. With some help from his family and a loan, Terry and his wife bought the clinic in the inner loop of Houston in the West University area.

“We took over on January 1, 2017, as the owners. I’d never worked at this one so we had a mini grand opening,” Terry says. “We wanted to hit the ground running, so we made sure we had warmed up to the patients already there, and did our best to retain them, because this is always hard on the patients too.”

The second goal was to market the practice to new patients. But at this point, the Joint wasn’t a new entity—there are nearly 30 in the Houston area already. Terry had to figure out how to increase revenue, which meant getting new patients through the door.

“We’re still learning,” he says, “because we’re just three and a half months in. It’s a marathon, not a sprint.” Possibilities include sponsoring a Little League team, giving talks at businesses, and asking patients for referrals from family and co-workers. “My wife’s great at social media. Advertising our clinic and reaching out to patients—there’s a huge umbrella of thing my wife Kayla and I are thinking about doing.”

The Terry’s have a good feeling about the practice, which has already exceeded their expectations. “But you never take your foot off the pedal. The success so far has motivated us to do more.” They’re already looking to bring on more staff.

Looking ahead, if business continues to strengthen and their marketing efforts pay off, the Terrys are already pondering expanding to another clinic. “I was questioning my future in chiropractic at one point,” Terry says. And today things have come around to rewarding him. **CE**

We are not told . . .

The case against vaccination.

BY TIMOTHY PERENICH, DC

WHEN DISCUSSING VACCINATION, CONTEXT IS important because certain facts are often overlooked. For instance, smallpox vaccination, early on, was a vector for diseases like syphilis, scabies, herpes, trismus (lockjaw), and tuberculosis.^{1,2,3} It was also responsible for massive deaths during the Civil War and one of the largest outbreaks of syphilis in Naples, Italy.^{4,5,6} Indeed, one of the earliest cases of Acute Disseminated Encephalomyelitis (ADEM) was described in 1853 as a reaction to the smallpox vaccine.⁷

In 1898, when Britain passed laws allowing exemptions from compulsory vaccination, there were no large outbreaks of smallpox or death.⁸ Instead, smallpox declined at similar rates between countries with stringent compulsory vaccine laws (Germany and Prussia) and Great Britain during the same time period.⁹ This suggests the decline in smallpox had little to do with high vaccination rates.

Concerning polio, many are unaware of how the U.S. banned a Salk vaccine manufacturer because its product caused polio and death.¹⁰ Wyeth was not banned, though it too produced a polio vaccine implicated in “paralysis and death.”¹¹ Unsurprisingly, some states reported massive spikes in polio after vaccination.¹² Insiders admit the Salk vaccine was ineffective in protecting from the wild virus and could contribute to its spread.¹³ For these reasons the oral polio vaccine (OPV) was chosen in its place. However, this vaccine has problems too.

The OPV has been implicated in the spread of new types of polio around the world.^{14,15} In 1988, there

were 1,300 cases of polio worldwide.¹⁶ In 2006, India suffered a large polio outbreak of 1,600 people from OPV vaccination. For this reason, physicians question the large expenditure of medical resources to promote vaccination in developing nations rather than improving sanitation, which is a proven method of disease reduction.¹⁷ Even now, the vaccine community is attempting to replace the current stocks of OPV worldwide to reduce the spread of polio from the vaccine.¹⁸

But, there is more to the saga. Procedures like diphtheria, tetanus, and pertussis (DTP) vaccination and tonsillectomies were associated with increased polio infections.¹⁹ Even the National Foundation for Infantile Paralysis in 1946 warned the public to avoid tonsillectomies during a polio outbreak.²⁰ In contrast, the public was not warned about a cancer-causing virus—SV40—detected in the polio vaccine since the 1960s.^{21,22} Although the SV40 virus is seen as a harmless footnote in vaccine history by pro-vaccine advocates, the virus has been found in tumors and is a risk factor for Non-Hodgkin lymphoma.^{23,24}

Nevertheless, smallpox and polio are not the only problematic vaccines. The DTP vaccine is historically known to cause mental retardation, death, blindness, seizures, paralysis, and encephalitis.²⁵⁻²⁷ Although evidence of serious harm from the DTP vaccines has been accumulating since the 1940s, it took several decades and lawsuits for public health officials and governments to act. Some nations switched from the DTP (whole cellular pertussis) to the DTaP (acellular pertussis) vaccine for safety

reasons, but it too has documented failures and is possibly a vector for pertussis transmission.²⁸⁻³⁰

On the one hand, we are told thimerosal (ethyl mercury) in vaccines is safe and not linked to autism. On the other hand, researchers have known since 1967 that thimerosal increased the neurotoxicity and fatalities of lab animals given vaccines containing it.³¹ They also knew that topical applications of thimerosal increased developmental defects in children.³²

Meanwhile, modern studies demonstrating that higher levels of mercury in the blood positively correspond with autism are seemingly ignored.³³ Also ignored are studies showing aluminum-based adjuvants in various vaccines causing autoimmune reactions and neurological disease.^{34,35}

Today, when hearing about measles, we are pointed to the Disney outbreak of 2015 and the need for mandatory vaccination because 650 people in the entire U.S. contracted it.

Yet we do not hear of the measles outbreak of 2011 in Quebec, Canada, wherein more than 700 persons in a highly vaccinated population contracted measles due to vaccine failures, with some patients having received the measles, mumps, and rubella (MMR) vaccine twice.³⁶

The public is seldom informed about the documented failures of the MMR vaccine to prevent measles or mumps in highly vaccinated populations.³⁷⁻⁴⁰ Bear in mind, measles was once considered a routine “disease of childhood” that guaranteed lifetime immunity, and for this reason the

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War without end

The case for vaccination.

BY STEPHEN M. PERLE, DC

IN WRITING THIS ARTICLE, I ASSUMED THAT THE MAJORITY OF PEOPLE

who read this will not change their views. People tend to get their news and information in echo chambers of people who share their basic views.

For one who believes that an honest, committed, and principled chiropractic viewpoint on vaccinations leads to only one conclusion—they are more harmful than helpful—no amount of contradictory evidence may be persuasive. That person views any such evidence as propaganda.

Some who have accepted this position are truly anti-vaccination and others would say they aren't anti-vaccination per se, but just want parents to have all the information available and make an informed decision (which they hope would be to avoid vaccinations). If the evidence from a well-conducted study in Canada is generalizable across the border to the U.S. and beyond, those who think that vaccines are fundamentally harmful represent about 20 percent of the profession.¹

If one does not think mandatory vaccines are safe or appropriate, there are a few basic arguments. Some oppose them on political (e.g., libertarian) grounds—government shouldn't force medical treatments on anyone. In the chiropractic profession, some oppose vaccinations because they see all things medical as inherently bad—as not-natural approaches to healthcare. Finally, some oppose vaccinations because they see evidence that the harms outweigh the benefits.

[Note: For brevity's sake, this article refers to the two sides as pro-vaccination and anti-vaccination, although those terms do not fully describe the range of positions.]

The libertarian position

If one's opposition to vaccination stems from a libertarian outlook, it is unlikely that the arguments about herd immunity and acting for the common good will change such thinking.

Distrust of the medical profession

If one's opposition to vaccination is based on distrust of the medical profession, it's understandable. Without a doubt, our profession has been mistreated by the medical establishment. Their attempts to destroy our profession that came out in the *Wilk vs. AMA* trials are without precedent and have effects that still impact our profession today.

Doctors of chiropractic amount to approximately 3 percent of all healthcare providers in the U.S. We are "others" and as long as we remain so, we will be suspect, and we will also suspect the majority.

Our minority status also creates distrust and antipathy among the broader healthcare community. These factors combine to create in some DCs a distrust of all things medical, including vaccinations.

We need to forgive and *not* forget what the medical profession did to try to eliminate chiropractic. We need to forgive enough to lose our prejudice against all things medical.

Kneejerk distrust of the medical profession is misplaced in the era of evidence-based practice. Everyone in healthcare needs to use the same tools of critical appraisal to determine the validity of the evidence regarding the safety and clinical effectiveness of all interventions. As the recent guidelines from the National Institute for Health and Care Excellence (NICE) and the

American College of Physicians have acknowledged, spinal manipulation is effective for low-back pain. And we need to be open to the possibility that medical treatments might not be all bad.^{2,3}

It's been said that medical doctors who buck the system and criticize established medical dogma destroy their careers. They point to the ostracism and revocation of Andrew Wakefield's license to practice medicine.

But if the medical establishment wanted to silence Wakefield's contrarian research, they would have never published it in one of their most respected journals. His co-authors withdrew their names from the paper, which was later retracted when they found out he had falsified his data.

On the other hand, for a real hero who has challenged his medical colleagues, look no further than John Ioannidis, MD. He is a widely cited scientist who has published an impressive body of rigorous scientific research questioning many well-established medical interventions.

And rather than being vilified, ostracized, and de-licensed, he has been lauded for his work. While organized medicine has its bad actors, they are not the norm.

The medical profession, just like chiropractic, seeks to do the best for patients although financial incentives can subconsciously alter behavior. And the vaccination producers are not an economic juggernaut, unlike the rest of the pharmaceutical industry.

Everyone would agree that medical doctors love their children and

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PERENICH CONTINUED FROM PAGE 16

public had to be convinced measles was a problem so the vaccine could be the solution.⁴¹

Space permitting, issues could be raised about the human papilloma-virus (HPV) vaccine causing ovarian failure and death, or flu vaccine failures to reduce hospitalizations or severity of the illness.⁴²⁻⁴⁵ Nor does space permit a discussion of the legendary corruption of the drug industry and its cozy relationship with regulators.⁴⁶⁻⁴⁸ Nevertheless, it should be clear you aren't being told the whole story when it comes to vaccination. **CE**



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wouldn't willingly expose them to anything that is more harmful than beneficial. And they vaccinate their children at high rates.

Mistrust of science

Some who oppose vaccinations say that the occasional retraction of papers, or newer papers refuting previous findings, are evidence that science isn't a good measure of the effectiveness and safety of vaccinations. However, this shows the validity of the scientific process, which depends on correction and new consensus, which progressively leads to better answers over time.

No one in the sciences thinks that what we know today on any subject is immutable. Although unlikely in well-established domains, it is always possible evidence will refute firmly

believed "facts." Indeed, scientific knowledge often advances by showing that past theories were wrong.

Thus it may come to pass that compelling evidence will be found that validates the concerns some have about vaccinations, but we really can do no better than use the best available evidence today.

Anecdotes aren't proof

Even though chiropractic began with an anecdote (the case of Harvey Lillard), the value of case reports is undeservedly aggrandized when they fit one's worldview. The belief that one event preceding another is the cause of the second event is called *post hoc ergo propter hoc*, which is a logical fallacy.

Some case reports purportedly show the benefits of what we do with patients and the harms of what the medical profession does. Likewise, the medical profession tries to show harms of what our profession does. Published case reports rarely support either side of the chiropractic-versus-medicine dispute or the vaccine wars.

Note that chiropractors have largely rejected the case report as evidence of risk of vertebral artery dissection from cervical manipulation, given the more robust and compelling evidence against it.⁴ Yet some seem to rely on the case report as evidence of harm from vaccinations.

Psychology of loss

When one has a close personal relationship to a case, it can have a profound affect. Meeting the parent of an autistic child pulls at the heart strings with terrible force.

It's as if the autistic child's lack of interaction feels to some parents as if their loving child is gone. For these parents, having a scapegoat to blame this loss on is comforting, and motivates some to become activists.

An analogous situation occurs when the family members of someone who

has suffered a stroke come to believe it was caused by chiropractic care. The loss can be real or metaphorical, as the person they love may have lost their normal affect or abilities. But as above, causation can't be ascertained.

The evidence

That the risk-versus-benefit ratio for common vaccinations is strongly weighed toward benefits is incontrovertible. Further, the belief that additives (e.g., thimerosal) are harmful is likewise unsupported. The belief that there are too many vaccinations for a young person's immune system to handle misses the point that older people received vaccinations with far more antigens than are used today.

Finally, scientists who work on vaccines, just like the MDs who prescribe them routinely, have their own families vaccinated. If they knew of any significant risks, why would they expose their families to them?

Effect on our profession

The anti-vaccination stance harms our profession and prevents many medical physicians from appropriately referring patients to our care. Thus, not only does an anti-vaccination stance harm individual doctors of chiropractic, but it also harms the patients who avoid us because of it.

Personally, I care to follow the evidence.⁵ If vaccinations are shown to be more harmful than helpful, I'll be more than happy to change my views as the evidence changes. Will you? **CE**



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Prioritize your future

It's never too early to save for retirement.

BY TODD CALAMITA, CFP

DEPENDING ON WHERE YOU ARE IN THE LIFECYCLE OF YOUR practice, retirement may be a hazy, far-off vision of ease and travel. Or, it may be beckoning over the horizon—a call you either welcome or dread.

As a chiropractor, the ability to control when and how you retire is crucial. That's because the healing profession carries some inherent risks that can affect when and how you leave the workforce. As chiropractic is a physically demanding occupation, your physical fortitude may in part dictate how long you can practice.

Additionally, most chiropractors are small business owners; the ability to step away from the daily grind directly relates to how savvy you have been at managing your practice. The power to retire well requires preparation—years of thoughtful planning that result in the ability to enjoy, even relish, your post-working years.

People are living and working longer. A recent survey found that about 45 percent of Americans are planning on retiring after age 65, while only 30 percent expect to retire before it.¹

In a parallel finding, according to a National Board of Chiropractic Examiners report, chiropractors' longevity in the practice is increasing: nearly 40 percent of practitioners worked more than 25 years in 2014, up from 25 percent in 2009.² The good news is that working longer gives practitioners more time and flexibility to save for retirement.

Prioritizing saving

Saving for retirement means different things at different points in your

career. It can be tempting to overlook this task when you're young, but the earlier you start saving, the more powerful and flexible your money will be.

Chiropractors just out of school are commonly more concerned about setting up or joining an established practice than putting aside money for the far-off future. This is understandable, but saving early leverages the power of compound interest to transform even a modest amount of money into a solid nest egg.

Even so, many professionals still neglect to save money for the future. For ambitious chiropractors especially, it can take discipline to set aside funds that could also be used to expand a business, buy that cutting-edge imaging system, or take a much-deserved vacation.

That said, the initial discipline it takes to start saving right out of school (a rule of thumb is to save 10 percent of your income) is key because it transforms resistance into habit. This ability to prioritize saving pays off later.

Why the rubber doesn't meet the road

Clearly, saving for a secure retirement is a good idea. So why do people neglect to save for their futures? According to The Strategic Chiropractor consultant group, only 5 percent of chiropractors

can afford to retire by age 65.³

This dismal statistic points to some hard truths of practicing chiropractic: Despite their skill at healing patients, chiropractors rarely focus on ensuring their own futures. After all, chiropractors are trained to work with the human body—a much different



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skill set than running a business or investing wisely. When faced with the practicalities of payroll, hiring and firing, bookkeeping, and insurance, many chiropractors feel overwhelmed and out of their depth.

Here, two scenarios emerge. In the first, many chiropractors grossly underestimate how much money they will need to retire. They assume that, given what they've saved in Social Security along with some modest investments or savings, they'll be fine. It's easy to think, "Oh, I've saved \$1 million so I have plenty of money to live on for the rest of my life."

This may or may not be the case, but you won't know for sure until you've run the numbers and taken into consideration things like health-care, inflation, periodic car purchases, vacations, and much more. And these concerns are all on top of general living expenses.

Not preparing for the realities of your expenses in retirement is scary enough. But worse for many chiropractors is a second scenario: They haven't considered retirement saving at all.

Distracted by the daily tasks of running a business, seeing clients, and trying to live well in the present moment, they typically don't prioritize saving until they are getting close to retirement age. But at that point their options are limited, such as working longer or trying to live on less than they would like.

Danger, danger!

If you assume your practice is going to leave you with a large lump sum of cash when you sell it at retirement, think again. When selling a practice, too often the expectations do not align with the realities. Most chiropractors who rely on the sale of their

business to fund their retirement are forced to either retire with meager funds or work longer than they had anticipated.

One reason has to do with the realities of the post-Great Recession lending market. A young ambitious chiropractor, likely saddled with a large school debt, is simply not going to be able to borrow what he or she needs to purchase an established dollar practice.

According to James Fedich, DC, author of *Secrets of a Million Dollar Practice*, a single-doctor practice would be lucky to sell for 80 percent of its annual gross collections. And that's the best-case scenario, as many go for much less. There is much involved in selling a practice: location, condition of equipment, staff and client retention, negotiating a buy-in or co-ownership, and more. A professional practice broker can appraise

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Help is on the way

So you've committed to setting aside money for retirement? Bravo! This can involve a variety of strategies, depending on your comfort with risk (or vice versa). Like the body, everyone's financial life is unique and requires a steady maintenance regimen. Your money and your priorities change over time and, to continue the metaphor, need more than a one-time adjustment.

As a chiropractor, you understand the danger of self-diagnosis. In financial matters, and especially a crucial concern like a happy and secure retirement, it's no different.

Few chiropractors (regardless of their level of education and intelligence) should be their own investment

managers. Strategizing for your optimal retirement in conjunction with a well-thought-out and written investment plan is constant and demanding work. And it often can require nerves of steel during difficult market conditions. How many chiropractors at the end of a hard day of work will have enough energy, focus, and cool perspective to manage the investments that are key to their financial futures?

For many chiropractors, hiring a trusted wealth manager who can be a true partner in planning for the future is at first intimidating; however, it eventually garners feelings of massive relief and fewer sleepless nights. When your money is in the hands of an expert who is coordinating with your accountant, lawyer, and insurance professional, nothing falls through the cracks. And you can focus on what you are truly passionate about. 



TODD CALAMITA, CFP, is a fee-only certified financial planner and author. He focuses on providing wealth management solutions to chiropractors and their families by helping them preserve their wealth, mitigate taxes, take care of their heirs, and protect their assets. He can be contacted at 704-276-7325, todd@chirowealthmanagement.com, or through chirowealthmanagement.com.

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Fail safe

What to do when your practice is over the cliff.

BY RICK LEHTINEN

This article will not be a warm fuzzy pat-on-the-back to all the hard-working, difference-making chiropractors. Instead, it will be something that needs to be said to great doctors who have not grasped an important principle: You are not merely a doctor; you are also a *business owner*.

If you are in private practice, being an absolutely awesome DC is not enough. It never will be. Until the business platform that underlies your professional care program is stable and durable, both your business and your practice are at risk. Failure happens every day and likely has happened to at least one doctor you know.

I knew this ophthalmologist ...

Consider the following illustrations of the relationship between business and practice:

A group of dentists decided to retain an accounting firm so they could spend more time tending to patients. After they established the arrangement, the dentists assumed a hands-off attitude toward finances, planning, and basic marketing.

The accountant hired three stay-at-home mothers who were diligent, intelligent, discreet, and grateful for this part-time work that allowed them

to stay financially sound (at least one was the daughter of a CPA). Twice monthly the dentists delivered to the accountant two or three shopping bags full of “accounting stuff,” such as checks (personal, family, and business), credit card statements (business and personal), and stacks of bills and receipts—household and business all comingled. The housewives would gather at the accountant’s office and spend two or three days sorting it out, making entries, and reconciling accounts.

When they were done, the accountant notified the dentists of critical matters they had overlooked, deposited the checks and cash into the appropriate banks, and printed checks for the dentists to sign before mailing them out.

This system worked for two reasons:

- The accountant and the housewives were scrupulously honest (plenty could have gone wrong if it were otherwise), and
- The dentists (or their spouses) had access to family resources and inheritances. It did not matter so much that they made money as it did that they could account for it, and could verify that they were living responsible and productive lives.

For the rest of us, the following situation more likely applies:

At the end of a long day, sitting

in her office, a young ophthalmologist discloses that she had performed brilliantly through years of schooling. Upon striking out in the real world, she was overwhelmed by the complexity of setting up and maintaining an office, complying with government regulations, controlling her “in’s and out’s” (and seemingly paying taxes on both), setting appointments with her patients just to see them fall through, and coping with endless paperwork to get insurers to pay claims.

She longs to return to the friendly environment of the research hospital where she had interned, but she is stuck in deep student and practice debt. She feels trapped.

Who is to blame?

Any waste of healing talent is a shame. Good health is the thing most missed once it slips away, yet it seems that “the system” is determined to grind doctors down and drown them in trivia, forms, numbers, and financial bondage.

But looking for someone to blame for this iniquitous system is a dead-end journey. One can blame the colleges “not preparing” doctors properly; the government for endless regulations; the allopathic medical community for warning against the dangers of natural, non-pharmacological care; the state associations and



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Meet the experts



Dean DiPice, DC, co-founder and advisor of TLC 4 Superteams in Willow Grove, Penn.

tlc4superteams.com



Todd Singleton, DC, consultant and owner of Singleton Systems in Salt Lake City.

singletonsystems.com

boards; the insurance companies; even the economy. But at the end of the day, when you struck out on your own, you signed up for all of these challenges.

In more than one way, the buck stops here. The real issue in finding success is a matter of who has to do the work.

And the question that follows is,

“What has to be done?” Business problems are not related to your desire to serve, or the good intentions of your heart. They are about properly running a business. When your spending is out of control, your ability to do good work in the world is compromised. You can’t do what you signed up for no matter how good a practitioner you may be.

According to **Dean DiPice, DC**, a chiropractic consultant, business problems are multifaceted, but their solutions are usually simple. Enacting them is essential.

“The first thing I do,” DiPice says, “is listen. I hear their pain. I sense their frustrations, I get a grasp of the doctor’s unique problems.” When he has a fuller understanding of the situation, he draws a line from top to bottom down a sheet of paper. On the left side, he lists the most urgent items

to be addressed. Then, on the right side, he lists the long-term things that need to be fixed. The long-term items describe what needs to be done to prevent the practice from getting into trouble again.

“You can’t stop at Band-Aids. Most people get it that they have to do some drastic things to save the ship, but then they forget the little stuff, the day-to-day disciplines that will keep the business above water for the long term,” DiPice says. “The stuff that might have prevented the mess in the first place.”

Chance favors the prepared mind

Business is not an easy game to play; most businesses fail. But many don’t, and the answer to a lot of problems is more likely to be found in seeing what works more than carefully cultivating a list of reasons and people that explain why your challenges are unique.

Each year, *Chiropractic Economics* magazine researches the market for the chiropractic industry. Consider the findings shown in the table on the next page.

Notice that some of these doctors are earning healthy salaries. It is likely that several of the top earners went to the same school as you, had the same undergraduate training, came from the same socioeconomic background, etc. It is also likely that these practices all have patients who are in roughly the same demographic. What explains the differences in outcome?

Starting over, every day

“One of the hardest things I tell my clients is that they have to think like they are starting over,” DiPice says. “I tell them my ‘three-two-one’ plan. Each day, build your business for three hours. Don’t just type on Facebook, hit the streets. Then help patients for two hours. All the rest—figure out how to pack it into one hour. That is six hours, and you have



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Average DC Salary	\$94,620	\$101,240	\$109,853	\$119,320
Average DC Total Comp.	\$130,763	\$135,781	\$130,455	\$141,306

Source: Chiropractic Economics "20th Annual Salary & Expense Survey."

time to eat lunch and run errands. It is a sustainable pace."

He recommends doing this until it becomes second nature: "Paint chips and carpet samples can wait. Get customers, treat them, manage the books, and sweep up. You want to work a little longer, that's fine, but make sure it is productive, not just putting in time to appear busy. You need your rest. Keep in balance. There are other people in your life; those relationships will last a lifetime, and they need your attention, too."

But DePice notes there are two things you don't want to do:

- ▶ Get distracted by shiny objects, and
- ▶ Sign things without thinking them through.

By "shiny objects," he means investing in some gizmo that's guaranteed to have customers lining up around the block if you commit to easy monthly payments. "Some of these devices are sold with all the assurance in the world that if conditions change for you, the company will work with you in every way possible," DePice says. "But once you sign a business note that includes a promise to pay, the note itself can

be sold and resold until someday, someone who bought it at deep discount is calling you at all hours demanding that you fulfill the terms, even if the device is long gone."

By "signing things," DePice refers to offers of help that include taking ownership of your practice, solving your problems, and offering you the chance to work free from the distractions of the business part of your business. "Remember, the kid who works at the pizza place around the corner can always just quit and walk away. Any agreement you make that involves your future performance may not provide you such freedom."

It can get better

Financial problems don't happen all at once. Neither do their solutions. But going back to the beginning and rebuilding—even if it is only your outlook and attitude because your

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business may still be viable, can often do a lot of good. Creditors might be pacified with partial payments if they see you building your business and working. If you live in a small place where gossip travels, good news can too. Your apparent attitude can also be an advertisement.

Once your heart is in the right place, other options tend to appear. Carefully chosen business augmentations (such as nutritional supplements) might help—but you have to truly believe in the product and use it yourself. (Also, once you add retail sales to your mix, there are associated sales tax and accounting issues.)

Todd Singleton, DC, offers these guidelines to finding the right products, or product mix, to introduce into your practice. “First, avoid anything customers can buy for themselves on Amazon or in a multilevel marketing system. If your patient

finds online at a better price the same things that you sell, it may give them the wrong impression. This is an opportunity to locate products that only chiropractors can sell.”

Singleton also advises being aware of trends: “Right now, the digestive system is receiving a lot of attention. Gut health is big. And this aligns with the teachings of D.D. Palmer, who blamed the root cause of subluxations on ‘trauma, thoughts, and toxins.’”

New revenue streams

If you opt to discuss products with patients, be alert to timing and context. “There are a few golden moments with each patient when it is okay to make an indirect invitation,” Singleton says. “If a patient on your table could benefit from a little less body mass, you might say something like ‘Does anyone in your family have a problem controlling their weight?’ This can

open the door to a brief discussion that can lead to an extra sale that will benefit your practice and your patient (or perhaps ‘their relative’).”

You can also build working relationships with practitioners you trust. Many DCs employ licensed massage therapists, which frees those providers from billing and scheduling, while creating a new revenue stream and more customers coming through the door. “There is also nothing wrong,” says DePice, “with structuring relationships with other doctors who are just starting out, or who want to get out of the burden of ownership. If your own business is working well, you may have a lot to teach someone who is struggling with the business side of things. I would think it a good goal to commit to training—maybe call it mentoring—four other doctors into financial success over the course of your own career.”

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Develop your skills

It may seem as if this article is saying that the way to avoid problems and the way back out of them when they occur is the same—aggressive practice building and sound business management. And that is usually the case.

A high school district in Arizona, for example, took the bold move of consolidating all its vocational programs onto one campus, and busing students there for part of the day for training on real equipment and facilities. The culinary director encouraged his students to take all the business and accounting classes they could, including co-enrollment at a nearby community college with an excellent culinary program.

He then encouraged them while at the community college to continue taking business classes at a nearby university, and then to complete the business degree upon finishing the culinary program. If necessary, they were urged to get a part-time job in food service. The result, he said, would be students who had a job skill and also the business underpinnings to make a go of it on their own.

Should there not be at least this much care for doctors of chiropractic? **CE**



RICK LEHTINEN has written about chiropractic issues for 15 years and was a content author at ChiroCode Institute in Spanish Fork, Utah. Lehtinen has written books, articles, and newsletters about HIPAA, ICD-10 coding, data centers, computer security, broadcast engineering, and organic gardening. He resides with his wife in Mesa, Arizona. He can be contacted at rick@technicallyaccuratewords.com.

Quick Tip

When to exercise

Does it matter whether you exercise first thing or wait until the day is done? Apparently it does matter, although the time that works best for you depends somewhat on your exercise goals.

A study by the University of Chicago, for instance, found that those who exercised after work had better fitness results in terms of strength and muscle growth compared to those who exercised in the morning.

But a 2010 study published in the *Journal of Physiology* found that those who exercised before breakfast lost more weight than those who exercised later in the day.

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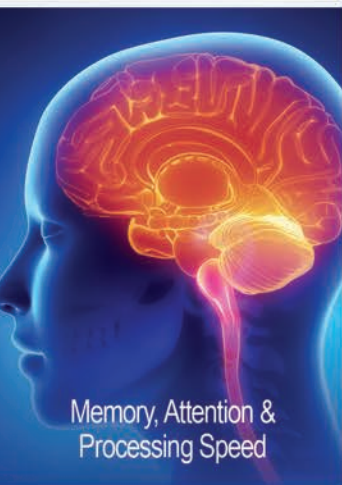
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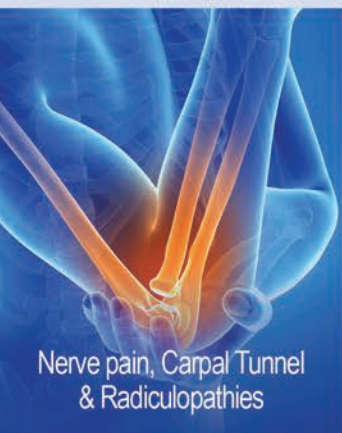
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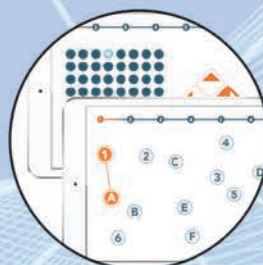
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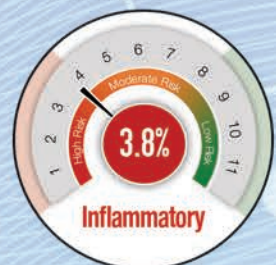
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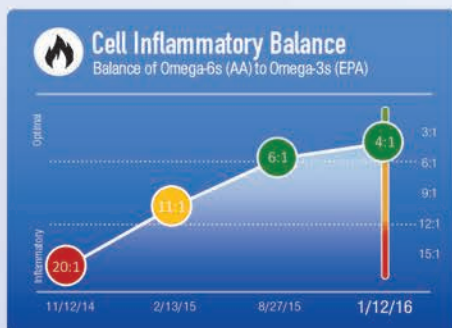
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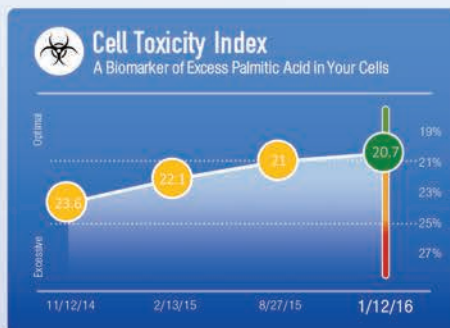
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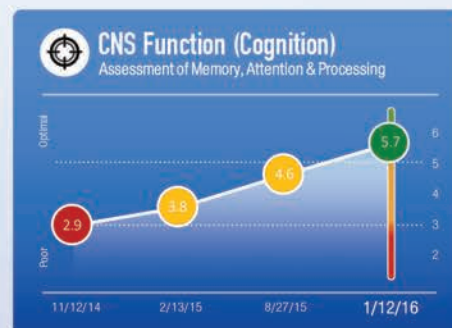
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BY EUGENE CHARLES, DC

ALLERGIES ARE RAVAGING THE AMERICAN PUBLIC, ESPECIALLY children. Peanuts are now seen as much of a danger as bringing a gun or a knife to a school. Why are allergies on the rise with the general public, and why are people only seeking answers through medications?

According to the American Academy of Allergy, Asthma, and Immunology, approximately 50 million Americans suffer from seasonal allergies, and they spend up to \$4.5 billion annually on medications and doctor visits. With medications tending to have unwanted side effects, perhaps allergies are the plague that will bring the general public to chiropractic for their health needs. Are you ready for them?

The reason you can help most

allergy patients is that, unlike most of western medicine, chiropractors do not treat the allergy; they treat *the person* with the allergy.

The treatment technique

The premise should be familiar to you; chiropractors have been helping patients with allergic symptoms for over 100 years. Chiropractic allows the body to heal itself, and there are many ways to help people with allergies. You can be confident with simple, safe, and effective strategies that directly address your patient's specific allergy.

Unlike other health issues such as low-back pain, which can occur in varying degrees, allergies are an all-or-nothing phenomenon. You either have allergies or you don't. It's like

turning on a light switch.

The trick is to find the switch specific for that individual and turn it off. Doctors believe that the reason this technique can work dramatically well is that an allergy is usually an overreaction of the nervous system to something it should not be reacting to at all.

The intervention uses a combination of chiropractic, applied kinesiology, acupressure, and homeopathy. This allows you to specifically influence the nervous system to stop it in its tracks from overreacting to a stimulus or allergen (whether dietary or environmental in origin). Using these four holistic tools, you can stop the overreaction of the nervous system directly, and in many cases immediately.

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"I had an anaphylactic allergic reaction and was rushed to the emergency room on three different occasions after eating almonds. I had The Allergy Technique done on me and I'm happy to say I'm now able to eat almonds—and anything else for that matter—with no problems."

—Dan Yaccarino

The acupuncture points on the head were discovered thousands of years ago, and are known to be incredibly powerful. They can be stimulated to desensitize the nervous system to a specific trigger.

The reason this technique can work immediately is that it is not the food or pollen that is the problem, it is the nervous system getting too aroused and overreacting to it. Using these head acupuncture points while the patient is neurologically challenged allows you to calm the nervous system down in a specific manner; namely, by placing a homeopathic vial of the suspected allergen on the patient's skin. (Embryologically, the skin and the nervous system are intricately related.)

Next, use muscle testing to measure the degree to which the patient is reacting to the agent. If the patient weakens to the stimulus (dog hair, for example), you now have the patient touch the area of suspected dysfunction. This is known as Therapy Localization, and two studies recently published in the *Journal of Functional Neurology and Ergonomics* validated Therapy Localization's ability to alter muscle function on manual muscle testing.^{1,2}

Triggering reactions

The most common areas triggering the hypersensitivity reaction are the upper cervicals, the cranial region, and the acupuncture meridians that begin or end on the head. When you find these points to be active, the therapy consists of tapping the acupuncture head points approximately 80 times to desensitize the nervous system to the offending agent.

Use homeopathics when testing food sensitivities to mitigate the possibility of an anaphylactic reaction to a particular offending food. In regard to seasonal allergies, you can open the window in your office and have the patient take several deep breaths and see if that causes a muscular inhibition on manual muscle testing.

This stimulation of the acupuncture points along with your normal chiropractic adjustment can, in most cases, restore normal balance to the nervous system and alleviate the symptoms within 30 days. As stated earlier, sometimes

the hypersensitivity reaction stops immediately while the patient is in your office.

Return to homeostasis

The nervous system has a central integrative state, known as homeostasis, and this is why patients need to have regular chiropractic treatments along with the above stimulation of the meridian head points to decrease overall nervous tension. Because allergies also have a histaminic or adrenal response, you might want to muscle test your patient to see if he or she should take some natural antihistamines or adrenal support supplements in conjunction with the technique.

These approaches nurture the healing process and do not make patients dependent or cause them to become drowsy. There are several high-quality nutritional supplement companies that service the chiropractic profession. Talk to them and ask about their histamine and adrenal modulating supplements.

While these techniques may appear miraculous, they are really science properly applied. Patients need to follow your advice regarding other health issues such as exercise, eating well, and receiving regular wellness treatments. Remember, health is what you do for your body

minus what you do to your body; and if you can keep the positives greater than the negatives, your patients can be allergy-free within a month.

D.D. Palmer famously said, "Too much or too little energy is disease." In the case of allergies it appears to be a dramatic, and sometimes life threatening, demonstration of too much energy. You now have a simple strategy you can add to your armamentarium to help people with allergies in a profound way. **CE**



EUGENE CHARLES, DC, DIBAK, graduated from the Los Angeles College of Chiropractic in 1987. He acquired his diplomate in applied kinesiology (AK) in 1994, and has certified hundreds of doctors in AK through his seminars and DVD programs. He is the author of Precision Adjusting for the Master Chiropractor, and developed the first online AK Certification Course. He can be reached at 800-351-5450 or through drcharlesonline.com.

References

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PRINCIPLES. PASSION. PROSPERITY.

The art of motivation maintenance

Treat your practice like a finely tuned motorcycle.

BY MONICA WOFFORD, CSP



ADOBE STOCK

BACK IN 1974, ROBERT PIRSIG'S *ZEN AND THE ART OF MOTORCYCLE* Maintenance was a best-seller.

Written to help with inner peace, it was likely targeted to an audience of high-achieving, business-owning, driven-to-succeed entrepreneurs.

How do you stay motivated in the face of change, tough times, and employees who seem determined to fill your life with mayhem? Patient satisfaction and life-changing treatments provide doses of inspiration, but over time the maintenance of motivation can be as delicate as the gear shifter of a vintage motorcycle. The following guidelines and comparisons can help.

Inspect everything

Whether old or new, off the showroom floor or stored for years in a

garage, before boarding a motorcycle the seasoned rider inspects everything. The seasoned chiropractic professional does the same, but tends to examine business issues in the practice.

When the effort of running a practice is draining, when you feel stuck and wonder what to do, or you want to clobber the next team member who interrupts with a question, it's time to make a thorough inspection of all things personal and professional to regain your motivation to persevere. What is working? What's not? What triggers a ray of hope? What is standing in the way?

Even if your sense of motivation seemingly vanished overnight, the issue is rarely the practice alone. The feeling has probably been building, but left unaddressed until it began to feel overwhelming. Take a breath,

look at everything, and start making lists.

Write one list for things to be eliminated, including annoyances. Write another list of things you want instead. Finally, list the feelings you would rather have than the ones you're having now. These steps can start building the momentum you'll need to renew or increase your motivation.

Use disciplined focus

Although it's harder to determine as a passenger, driving a motorcycle takes unwavering focus. So does running a practice and treating a patient. Sure, there are moments of downtime and situations where autopilot kicks in, but these are not warranted while you are driving a chopper on a highway.

So if motivation feels missing in

PERSONALGROWTH

your life and in your practice, it's time to re-engage your focus. Take note of what's on the second list above, and ardently focus on the items you desire.

A common mistake is to keep your focus on the problems, bad feelings, and frustration you're feeling, and complain that nothing seems to be changing. Until your mindset is one of seeing possibilities and finding motivation, it's improbable that you'll be patient with the process and take the kinds of actions that will actually change things.

It might be that you simply need a vacation. Perhaps your lack of motivation stems from procrastinating about hiring another person. Or maybe firing someone is long overdue and it's wearing on everyone in the office.

Motivation can only be regained if you can identify what's missing and see gaining it as a possibility. That act alone can provide a much-needed jolt of energy.

Charge your batteries

No amount of inner peace will rescue a rider with a drained and dead battery on the side of the highway. But, why wait until the engine stops running to do some needed recharging?

Humans weren't designed like a machine. But for both to reach high levels of performance, they require lubrication, fuel, and regular maintenance.

In the same way, even the most talented doctors and office managers need regular maintenance as well. Take the time to recharge your batteries before it's critically necessary. Rent the boat, test drive the car, and plant the garden you've always wanted.

Whatever you need to do to recharge your batteries, get to it and feel the energy or simple downtime it brings. Waiting until you are forced to do it makes the process longer, more

costly, and may require exceptional remedies to fix what is broken.

Running wide open

Riders will tell you that there is no greater feeling than the wind in their hair, the freedom of the open road, and the exhilaration of riding wide open. These images are symbolic and alluring.

Conversely, it's draining when you are held back from realizing your potential. Worrying about the future sucks the life out of a dreamer. Always playing it safe leaves room for regret and is demotivating when you find the time has passed for achieving what you wanted.

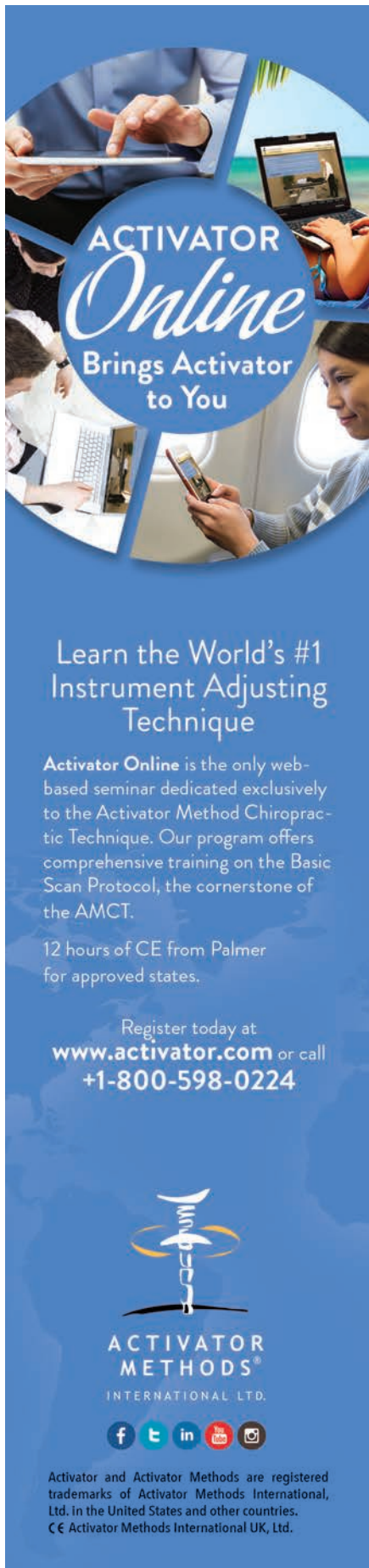
To regain your motivation, pick an area to ride where the road is wide and open. Even if this only applies to making your list of desires, make sure to dream big, be uncensored, and grant yourself permission to really go for it.

There is great joy in traveling down an uncertain path. Each person has such a route available if they'll allow themselves to take it—but it won't be easy. There can be formidable barriers and possibly naysayers, too. Henry Ford's engineers told him that casting an eight-cylinder engine block in one piece was impossible. His response? "Produce it anyway."

Be decisive

After conducting a full inspection, making lists, gaining focus, charging batteries, and riding wide open, the final step in motivation maintenance is to make decisions. What action, person, event, or previous decision led to the loss of motivation in the first place?

The thing you need to do might not be major or life-changing. It could be something as simple as making time for lunch four days out of seven. The key is to take back the driver's seat in your life and how you feel about living it.

The advertisement features a circular collage of images showing people using various devices: a hand pointing at a tablet, a laptop, a smartphone, and a person looking at a screen. The text "ACTIVATOR Online Brings Activator to You" is overlaid on the collage. Below the collage, the text "Learn the World's #1 Instrument Adjusting Technique" is displayed. Further down, it states "Activator Online is the only web-based seminar dedicated exclusively to the Activator Method Chiropractic Technique. Our program offers comprehensive training on the Basic Scan Protocol, the cornerstone of the AMCT." It also mentions "12 hours of CE from Palmer for approved states." The registration information "Register today at www.activator.com or call +1-800-598-0224" is provided. At the bottom, the "ACTIVATOR METHODS INTERNATIONAL LTD." logo is shown, featuring a stylized figure with arms raised. Social media icons for Facebook, Twitter, LinkedIn, YouTube, and Instagram are also present. A small disclaimer at the very bottom states: "Activator and Activator Methods are registered trademarks of Activator Methods International, Ltd. in the United States and other countries. © Activator Methods International UK, Ltd."



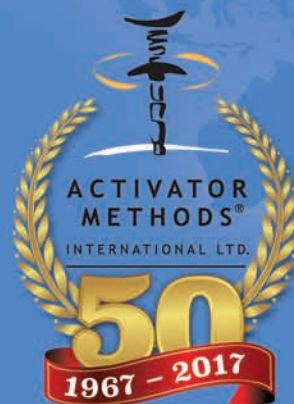
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Maybe the sole decision you need to make is to have a life beyond work. Is it time to delegate some things? Is it time to hire an office manager? Is it time to decide to not pursue the next bright, shiny, and latest equipment when what you have is working? Decisions that inspire motivation are usually personal.


What often leads to demotivation is the assumption that what works

for others must work for you, especially if it isn't something you feel like doing. Doing it anyway creates guilt that eats at motivation and leaves you wondering where all the fun went.

Rinse and repeat

Motivation can be fickle if it isn't well managed. The same can be said for happiness, love, and relationships. You wouldn't tell a loved one of their

feelings one time and never express them again. Motivation takes maintenance. Energy takes maintenance. Goals take work and require an unwavering focus and patience.

If your motivation for running a business, seeing another patient, or handling employee issues has left the building, consider physically doing the same even for just a moment. Find a tree, a park bench, or a motorcycle seat, and get started on the art of motivation maintenance. With a little effort and some momentum, motivation should return fairly quickly. 



MONICA WOFFORD, CSP, is a leadership development coach, consultant, and professional speaker. As CEO of training firm Contagious Companies Inc., she and her team work with chiropractic practices, healthcare, retail, hospitality, government, and industry leaders to develop their leadership skills. She can be contacted at 866-382-0121, or through contagiouscompanies.com. (And her family has Honda, Suzuki, and Triumph motorcycles.)

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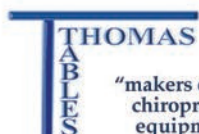
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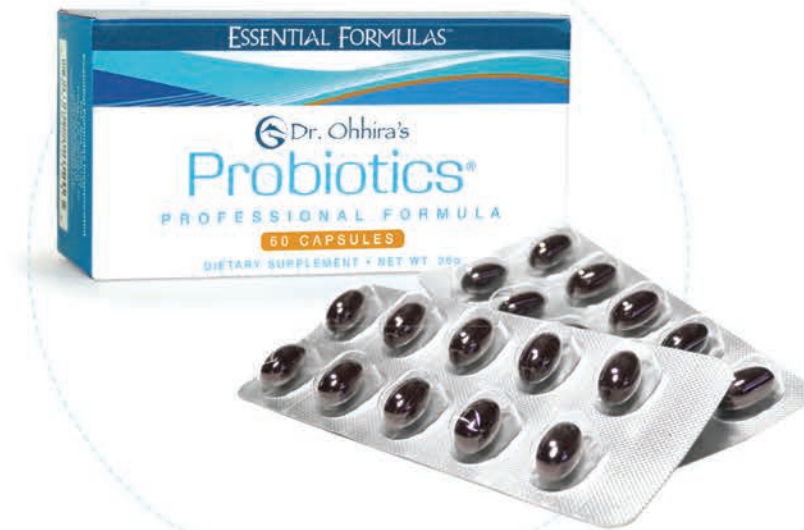
Do you have challenges in practice that keep recurring? Would you like to adjust your practice and remove team and procedural subluxations?

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☐ < 10k ☐ 10-50k ☒ 50-100k ☐ 100-250k ☐ > 250k

How Many New Patients Does Your Office Receive Monthly?

☐ < 10 ☐ 10-20 ☒ 20-30 ☐ 30-50 ☐ > 50

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Through the funnel

Grow your practice with marketing methods that work.

BY NANCY SINGLETON

IF YOU ARE LIKE MOST CHIROPRACTORS, YOU BECAME ONE TO SHARE

the results you experienced yourself through chiropractic. Chiropractors are filled with passion for healthcare but often have none for the business side of chiropractic. Yet, to change people's lives through chiropractic, the business side needs attention—especially the marketing aspect.

There's a concept in business called the "marketing funnel." It's the process by which a person unaware of your product or service moves through a process (the funnel) to become a repeat customer (patient) and ultimately an evangelizing fan.

When you picture a funnel, you see that the top has the widest area and the potential to capture a great number of potential customers; in your case, patients. However, as you move toward the bottom of the funnel, only those who truly have confidence in your product or service will remain. Ideally, everyone stays in the funnel but effectively employing this strategy engages potential patients such that the number of truly interested parties are narrowed down for more effective and efficient sales.

The S-word

In this case, the "S-word" is sales. Chiropractors rarely like to think about it this way, but selling is what they do when educating a patient on the benefits of chiropractic and how it can help. As a parent, you "sell" your child on teeth brushing and homework. In your practice, you sell patients on doing what is best for them. The more people you sell your message to, the more who will be helped in your community.

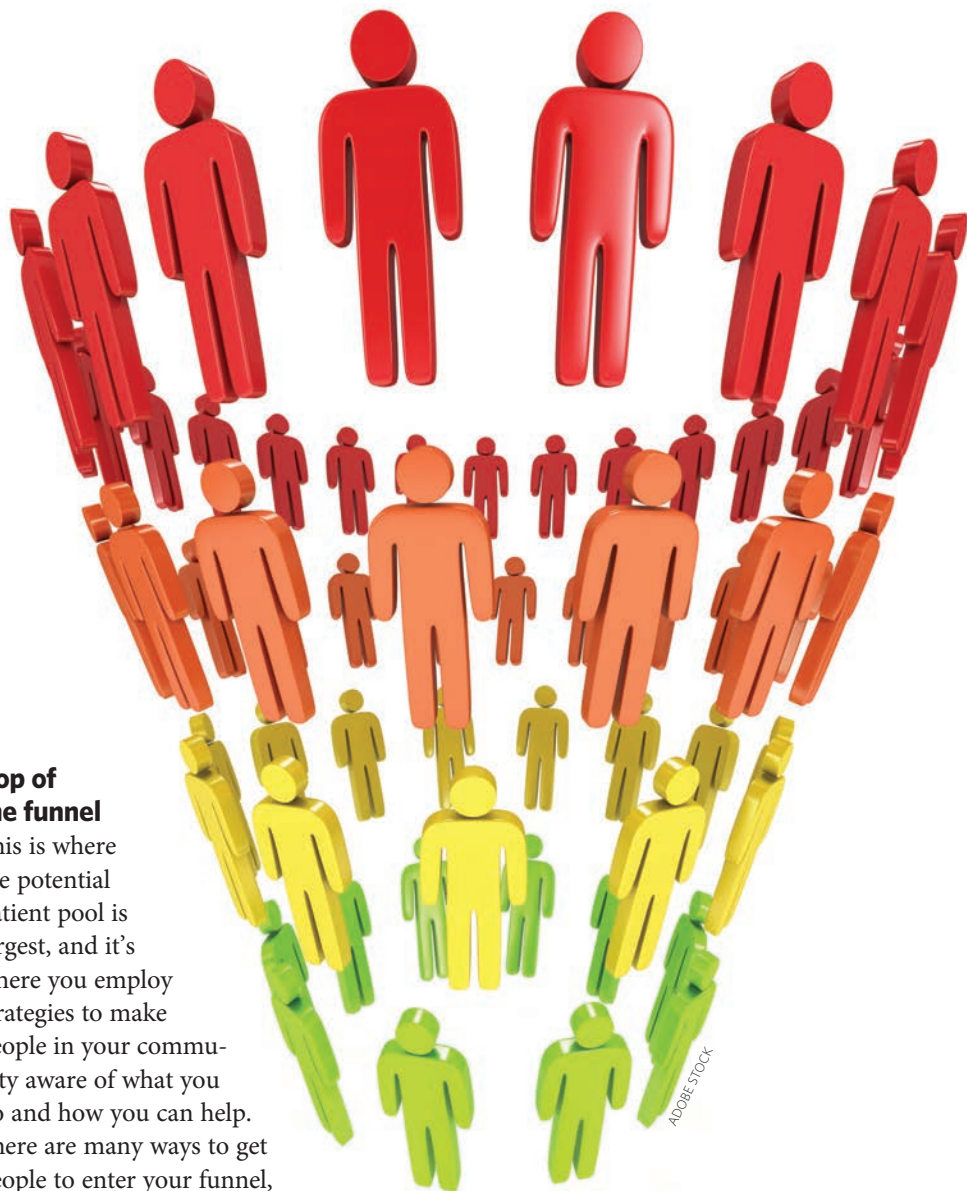
Top of the funnel

This is where the potential patient pool is largest, and it's where you employ strategies to make people in your community aware of what you do and how you can help. There are many ways to get people to enter your funnel, such as Facebook ads, online searches, lectures, screenings, television, and radio. Think of any place where people looking for what you offer can find you.

Your lead-generating campaigns should always have a way for those with interest to contact you directly, either by calling or signing up on your website. Once someone has entered your funnel, the follow-up begins.

Middle of the funnel

It would be ideal if a potential patient sees your ad and decides to show up at your clinic, but that typically doesn't happen. Statistically, it may take anywhere from five to 30 contacts before someone interested in your service finally decides to make a purchase.



Of course, if someone is in a car accident and needs a chiropractor, they will likely make a quick decision about where to go. But not all potential patients are sure about chiropractic and may only be *considering* going to a chiropractor. These people, in the middle of the funnel, need lots of follow-up from you.

Your community needs what you have to offer, so make communicating with them a top priority.

Surveys show that 80 percent of businesses only make one attempt at following through. We live in a fast-paced society, and people are busy juggling more and more. Someone who was initially interested in what you do may still be interested, but too busy to call you.

You can serve your leads with constant follow-up and education on the benefits of your services. Your community needs what you have to offer, so make communicating with them a top priority.

People go to businesses that they know, like, and trust.

Take the necessary steps to stay in touch and deliver great content to nurture and build a relationship with your leads.

Bottom of the funnel




The bottom of the funnel is where you can show a prospect how incredible your office is. Once a potential patient enters, your entire team should remember they are still “selling” the potential patient—*everything* matters.

The front desk needs to have specific and welcoming scripting. Everyone should be calling the potential patient by name. The office should look great, be clutter-free, smell great, and have calming music. The environment matters.

You are going to change people’s lives, so help them make the buying decision by having your practice put them in a buying mood. People buy on emotion, and a cluttered, noisy, and outdated office doesn’t feel good and people are less prone to purchase from one. This is your opportunity to convert a shopper into a patient and ultimately into a raving fan who will refer other patients to your practice.

Helpful hints

While each part of the funnel has specific objectives, how you achieve them is up to you. At all three phases of the funnel, you should use email, phone calls, and snail mail.


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This is your opportunity to convert a shopper into a patient and ultimately into a raving fan who will refer other patients to your practice.

Email: While emails can be generic and impersonal, they can also be individualized. Tailored email makes the recipient feel valued. More and more people check their email on their phones, so it's easier to stay in touch with your leads and customers night and day. Be thoughtful and strategic in your messaging. People will engage with great content and helpful tips.

Phone calls: Too many chiropractors neglect this in their practice. Don't make that mistake. Nothing is more powerful than speaking to someone directly. This is where you will see the biggest bang for your buck, because it's the most personal way to reach people. Have someone in your office dedicated to making calls during a certain time each day. Scripting will make a big difference when personalized for the potential patient.

Snail mail: Although it looks like physical mail is going the way of the dodo, statistics show that almost 95 percent of people open their mail daily. Because email is such a vital part of what we do now, physical mail gets overlooked, but it is a *huge* opportunity for you to cut through the clutter. Your messaging can be educational or a special offer—just stay in touch. A mailing can be a postcard, a newsletter, a promotion, a birthday card, or a free sample. For an extra boost, spend the time and money to send something a little bigger, because bulky mail stands out.

While marketing funnels may seem foreign to you as a chiropractor, having optimized marketing funnels creates a strong business that serves more patients. Track the results obtained in each phase. Keep track of the time of day people answer their phones, which emails they open, and what mailings they respond to. Efficiency and savvy business sense will improve your business and increase sales, ultimately helping more patients. 📧



NANCY SINGLETON is a 1989 graduate of the Los Angeles College of Chiropractic Assistants. She has been consulting and helping doctors grow their practices for more than 25 years. She and her husband, Todd Singleton, DC, teach chiropractors how to implement multiple cash systems into their existing practices. For more information, call 801-707-697, email contact@singletonsystems.com or visit singletonsystems.com.

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Sinking ship

How to get your practice back on track financially.

BY MARC H. SENCER, MD



ADOBE STOCK

DOCTOR SMITH, A CHIROPRACTOR, IS PANICKING. FOR the past two years he has watched his revenue decrease. It started slowly at first, but now it's accelerating. Smith is not sure if he can survive, let alone continue his current lifestyle.

Is this happening in your practice? Do you feel like the clock is ticking, yet there are few solutions? Today's Biz Quiz is all about saving the sinking practice.

There are many reasons a practice might be performing poorly or failing, but they tend to fall into two general categories; namely, internal and external. Whatever the cause, it is essential to find out what is going on and why revenue is down.

The internal factors include everything related to infrastructure. These include structural issues such as poor

building maintenance, local construction that makes getting to your office difficult, an office that needs updating, or an out-of-date phone system.

Infrastructure also includes staff issues. Unrecognized poor morale is often brushed over, but it is far more important than many doctors think. A bad vibe in the office is infectious and spreads to staff and patients alike.

Poor staff interaction with patients can also cause you to lose money. Did you recently lose a staff member who was loved? Sometimes patents will resist any change in the office routine.

You should run a full check of your office systems and functions such as front desk, booking of appointments, recalls and follow-ups, as well as the time patients spend on the phone or in the waiting room.

Review your billing and collections stats. Hopefully you have been doing

this at least monthly, and there should be no surprises. As I've mentioned before, these stats can help you to spot trends before a downward trend turns into a downward spiral.

Another cause of decreased revenue is what I call "overhead creep." This refers to the slow and relentless increase in overhead that occurs over time, usually over a number of years. The increase in the cost chiropractic practices face mirrors the cost of living increases your patients experience. It's a one-two punch; everything is costing you more in your business, and fewer patients can afford your fees.

If you are thinking of raising your fees, a careful review is in order. Your patients are likely struggling to pay your current rates, and an increase will likely create more no-shows. For feedback on how your patients will receive a fee increase, consult

your office manager and front desk personnel.

Medicare and private payers raising your fees can get you in trouble because they set the fees and the conditions of reimbursement.

These internal issues share one characteristic: they are usually fixable and mostly under your control. It may take a while, but eventually the problem can be resolved without making major expensive changes.

Unfortunately, in the present healthcare arena, most cases of practice underperformance and failure are not due to internal causes. It's the external factors that are causing the pain.

There are two main types of external causes, which serve as your bread-and-butter codes. Increased deductibles and insurance premiums that affect the patient's ability to pay you are the first type, and decreasing coverage for codes that you bill for routinely are the second.

Changes in coverage can wipe out a huge portion of your practice's income. Fixing these external problems require you to become less dependent on third-party payments

and begin to build up whatever cash-based services you can realistically add to your practice.

The cash services that will work best for your practice depend on your office and location and your patient demographic. Consider these questions: Do you have enough space to add the new service? Is your office nice enough to attract and retain the target patients you want to attract? Does your location contain the right patient mix for the new cash-based services? You also want to have a good handle on the competition and what they are charging.

There is a cash-based service that can be fitted into just about every practice. Don't let fear of change or your unfamiliarity with the prospective new service deter you. These are difficult times, but failure to act can be lethal. **CE**



MARC H. SENCER, MD, is the president of MDs for DCs, which provides intensive one-on-one training, medical staffing, and ongoing practice management support to chiropractic integrated practices. He can be contacted at 800-916-1462 or through mdsfordcs.com.

Test yourself

Test your knowledge of repairing practice problems with this true and false quiz.

1. The best way to deal with the changes in third party reimbursement is to add cash-based services.
2. You can count on third party payer reimbursements continuing to fall.
3. You should make up for decreasing revenue by raising your fees.
4. Overhead creep is an insidious cause of decreasing revenue.

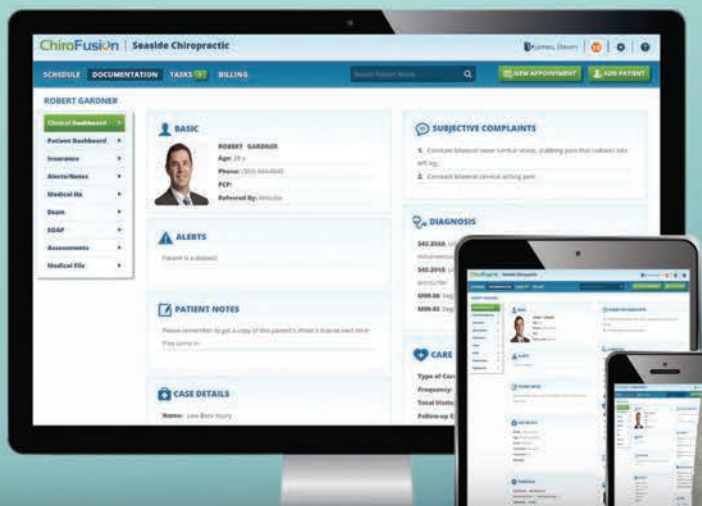
Answers:

No. 3 is false. The others are true. Raising fees does not help because some patients will not be able to afford the increase and will go to another doctor. In addition, third-party payers will insist you follow their fee schedule if you are in their network.

The advertisement for Rebel Herbs features a vibrant yellow background with a subtle floral pattern. On the left, a white box of 'rebel herbs #66 Nuroade herbal vapors' is displayed, showing a botanical illustration and the text 'US Patent Pending' and 'Made in USA'. In the center, the text 'rebel herbs' is written in a bold, dark blue font, followed by 'JOIN THE rebellion' in large, white, outlined letters, and 'rebelherbs.com' in a bold, dark blue font at the bottom. On the right, a hand is shown holding a black and blue vaporizer pen, which has 'rebel herbs' printed on it. The overall design is clean and modern, emphasizing the brand's identity.

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Arlan W. Fuhr, DC, is the founder and chairman of Activator Methods International and the co-inventor of the original Activator Adjusting Instrument and the Activator Method Chiropractic Technique. Dr. Fuhr has gone on to create four additional advanced versions of the Activator instrument.

In the 50 years since, The Activator Method has become the world's most widely used instrument adjusting chiropractic technique. Endorsed throughout the chiropractic field, the Activator Method is taught in 14 U.S. colleges and 14 international colleges. The Method is also taught globally in professional seminars every year.

Research and scientific validation drives every aspect of Dr. Fuhr's work. He has published 25 peer-reviewed papers and made more than 50 conference presentations. Activator has been the subject of 150 peer-reviewed papers authored by researchers worldwide, and the focus of 23 clinical trials.

Dr. Fuhr is part of an esteemed group of healthcare and business professionals noted for their outstanding contributions to the international advancement of chiropractic. He has received dozens of awards and honors, including:

- European Chiropractic Union, 50 Years of Service to the Chiropractic Profession, 2017
- Parker Seminars Humanitarian Award, 2015
- Appreciation for Advances in Education and Research by the Association of Chiropractic colleges, 2015
- Commitment to Excellence in Chiropractic and Chiropractic Education, Logan University, 2015
- World Federation of Chiropractic, Honour Award
- World Health Organization's delegate representing the World Federation of Chiropractic
- Inducted, International Society for the Study of the Lumbar Spine, 2000

As part of his personal commitment to education, Dr. Fuhr has logged more than two million miles traveling the world for speaking and teaching engagements. In 2008, he published the second edition of the technique textbook, *The Activator Method*, acknowledged as the standard reference for his instrument adjusting.

Dr. Fuhr credits his success to his willingness to embrace change rather than resist it. The time and energy he has invested in students has helped launch thousands of careers.

Thank you Dr. Fuhr and Activator for your commitment to chiropractic.

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Associate or entrepreneur?

BY JENNIFER KIRSCHENBAUM, ESQ

FOR YEARS YOU HAVE DREAMED OF BEING YOUR OWN BOSS, DESIGNING your own office, and soon, when you are finally finished with training, that day will be here. You will immediately face two large hurdles: You have no experience running a practice, and you have no patients.

So, what do you do? The logical answer is to work for someone else, see how they run their practice, and learn to build a patient base—this is the concept of an apprenticeship. But maintaining a mutually beneficial relationship between the apprentice and the mentor can be a balancing act.

That's because the objectives of both parties often change over time. The apprentice will steadily increase his or her skills during the first year. The apprentice's patient base will hopefully grow rapidly, and their standing in the community will be established during the first two years.

There will be a different party negotiating on day one than on day 366; the apprentice will have different goals and aspirations to address. (Of course, our apprentice with big dreams could always turn out to be a less-effective people person or poor marketer, in which case aspirations may be curtailed.)

Starting out right

A proper apprentice-mentor relationship begins with an offer and acceptance, and preferably a written agreement. As an employee, you sign a contract and you agree that you're

going to follow the mentor's rules and learn how to treat their patients, which may inevitably put you and your mentor on opposing sides of the same table.

Part of the agreement presented will likely include protective provisions barring the apprentice from stealing the mentor's patients. In all likelihood, the contract your mentor presents will include two key protections for the mentor: A non-competition provision that will restrict where you are authorized to work during and for a period after the agreement expires or terminates; and a non-solicitation provision that states you will not look to solicit or divert away the mentor's patients, referral sources, or employees when you leave.

From the mentor's perspective, the restrictions are reasonable because the mentor has spent considerable time and money building the practice that the apprentice is joining. Most states enforce restrictive covenants as long as they are reasonable in scope, duration, and geography to protect a legitimate business interest.

Jumping the gun

Partnership often comes to mind when we want new employees to think there is potential for growth and autonomy. But offering or discussing an equity interest too early (or even before employment) is a frequent deal-killing mistake.

The rules for entering into partnership and sale of equity to a new

owner are much more complicated and fraught with quagmires than an employment relationship. The owner must be ready to open the books and explain monies in and out, disclose debt on the practice, and so forth when equity comes into play.

In addition, the entity has to be valued and sold at the right price. Once sold, it is difficult to undo the agreement if things don't go according to plan. Most people wouldn't enter into a marriage without a courtship period; instead of rushing in, it is best to give the relationship one to three years before a decision is made on partnership (if that is where the arrangement is headed). That way, the parties can ease into roles that will allow for a more natural transition for a buy-in and potential co-management, or certain sharing of managerial responsibilities.



JENNIFER KIRSCHENBAUM, Esq., is the head of Kirschenbaum and Kirschenbaum's healthcare department; her practice specializes in representing

chiropractors in partnerships, buy-in/buy-outs, licensure defense, insurance carrier disputes and audits, patient collection efforts, HIPAA and anti-kickback compliance, multidisciplinary practice structuring, and general practice matters. She can be reached at 516-747-6700 (ext. 302), jennifer@kirschenbaumesq.com, or through kirschenbaumesq.com.

To read the rest of this article, visit ChiroEco.com/kirschenbaum



The Society for Healthcare Strategy & Market Development (SHSMD) of the American Hospital Association official health care calendar now recognizes September as Drug-Free Pain Management Awareness Month.

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July 29	Scrape, Tape, and Move	Honolulu	Advances in Clinical Education	503-642-4432
Aug. 4-5	CEAS II: Expanded Ergonomics Assessment Skills Certification	Sarasota, FL	The Back School	404-355-7756
Aug. 19-20	Case Management for Motor Vehicle Injuries	Phoenix	American Academy of Motor Vehicle Injuries	480-664-6644
Aug. 24-25	CEAS I: Ergonomics Assessment Certification Workshop	Denver	The Back School	404-355-7756
Aug. 24-27	The National by FCA	Orlando, FL	Florida Chiropractic Association	407-654-3225
Sept. 9-10	Spinal Ligament Injuries in Motor Vehicle Injuries	Pasadena, TX	American Academy of Motor Vehicle Injuries	480-664-6644
Sept. 17-18	Concussions and Cranial Nerve Exam for Motor Vehicle Injuries	Phoenix	American Academy of Motor Vehicle Injuries	480-664-6644
Oct. 4-6	Ergonomics: Practical Applications Certification Practicum	Jacksonville, FL	The Back School	404-355-7756
Oct. 14-15	Whole Person Permanent Impairment Rating for Motor Vehicle Injuries	Phoenix	American Academy of Motor Vehicle Injuries	480-664-6644
Oct. 26-27	CEAS I: Ergonomics Assessment Certification Workshop	Atlanta	The Back School	404-355-7756
Oct. 28	Healthcare Ergonomics	Oakland, CA	The Back School	404-355-7756
Nov. 3	Scrape, Tape, and Move	Portland, OR	Advances in Clinical Education	503-642-4432
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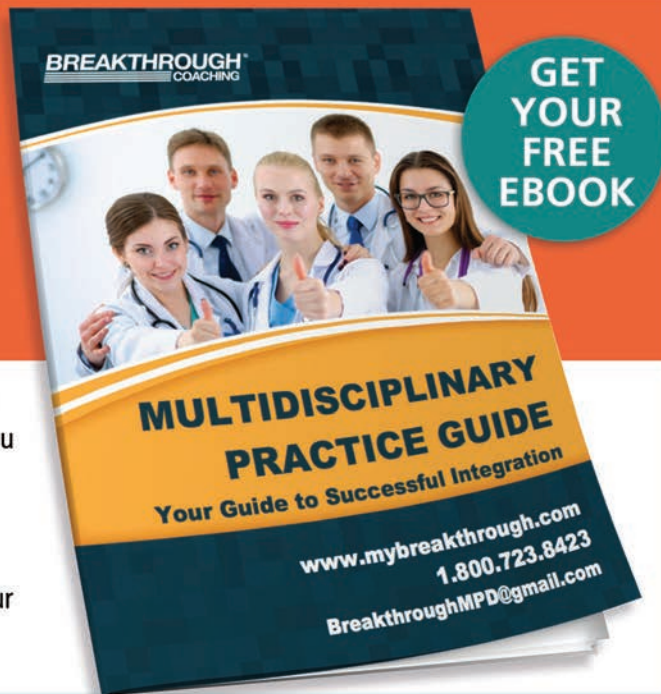
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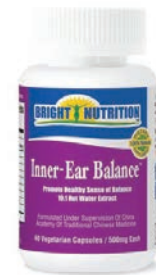
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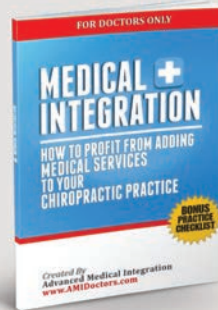


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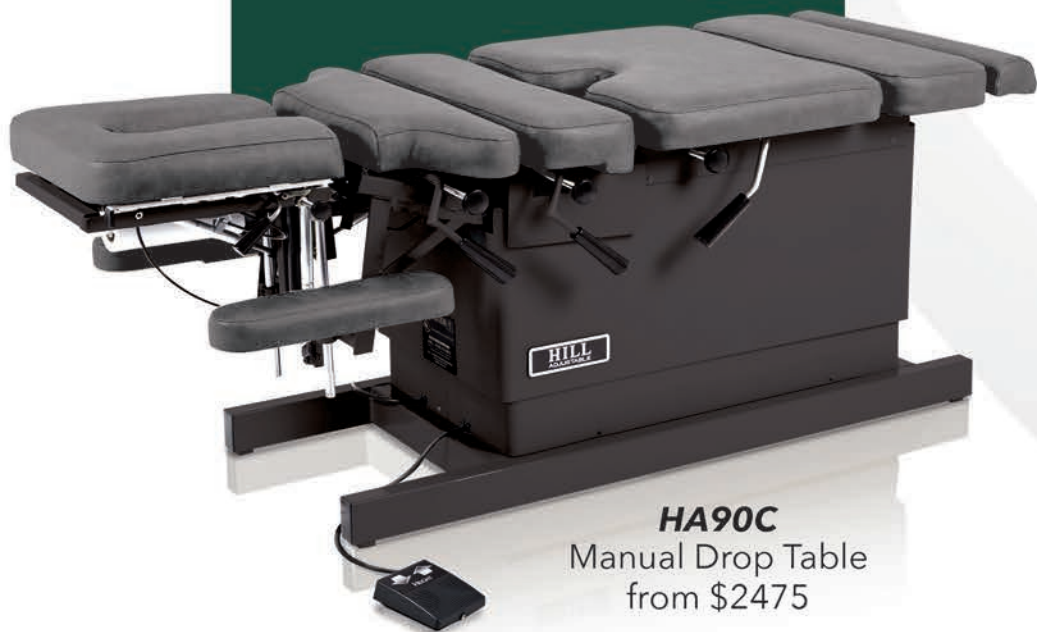
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